

RHODE ISLAND DATA BRIEF

Oral Health Concerns and Dental Care among Rhode Island Middle and High School Students, 2013

Introduction

This report presents data for Rhode Island public middle and high school students (grades 6-12) on self-reported oral health concerns and receipt of dental care. The data used for this analysis were obtained from the 2013 Rhode Island Youth Risk Behavior Survey (YRBS).

2013 Rhode Island YRBS and Oral Health Questions: During the spring of 2013, 2,338 students from 23 public middle schools and 2,453 students from 22 public high schools completed the self-administered paper survey. As outlined by the Rhode Island Oral Health Surveillance System, oral health questions were included for the first time in 2013 to estimate the percentage of Rhode Island middle and high school students who have:

- a. experienced pain or soreness with their teeth or mouth during the past year,
- b. been self-conscious and embarrassed because of their teeth or mouth during the past year, and
- c. seen a dentist for a dental check-up, exam, cleaning, or other dental work in the past year.

Reading the statistics: This report presents bar graphs showing percentages and 95% confidence intervals (CI). Since percentages from survey data are estimates, the 95% CI indicates the range of values within which the "true" value lies 95% of the time. When two groups have CIs that overlap, it indicates that the "true" values are likely to be similar in both groups. If the CIs do not overlap, it indicates that there is a statistically significant difference between the two groups.

For more information about oral health in Rhode Island or this report, call the HEALTH Information Line at 401-222-5960 / RI Relay 711 or visit www.health. ri.gov/healthyliving/oralhealth. For more information about the YRBS, visit www. health.ri.gov/data/youthriskbehaviorsurvey

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ABOUT THE YRBS:

The YRBS is a biennial national survey of public middle and high school students, developed by the Centers for Disease Control and Prevention (CDC) to monitor health risk behaviors related to leading causes of injury, violence, morbidity, and mortality among youth. In collaboration with the Rhode Island Department of Elementary and Secondary Education (RIDE), the Rhode Island Department of Health has conducted the YRBS since 1995. The YRBS data are weighted to be statistically representative of public middle and high school students statewide.



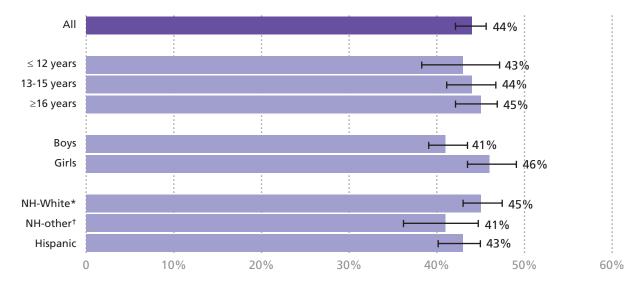
This brief was produced by the Rhode Island Oral Health Program and funded through cooperative agreement DP13-1307 between the Rhode Island Department of Health and the Centers for Disease Control and Prevention.

Oral Health Concerns among Rhode Island Middle and High School Students:

PAIN OR SORENESS WITH THE TEETH OR MOUTH: Forty-four percent (44%) of Rhode Island middle and high school students reported they experienced pain or soreness with their teeth or mouth at least one time during the past year (Figure 1). Prevalence was not significantly different by students' age, gender or race/ ethnicity.

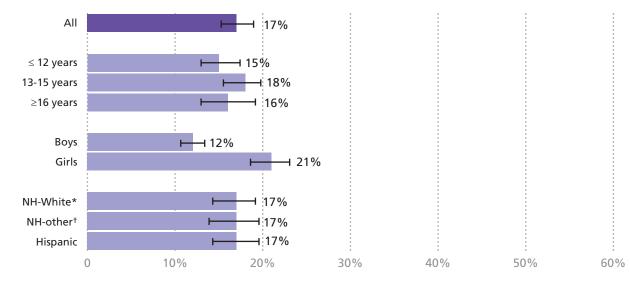
SELF-CONSCIOUSNESS OR EMBARRASSMENT BECAUSE OF TEETH OR MOUTH: Approximately one in six students (17%) reported they were self-conscious or embarrassed sometimes, most of the time, or always because of their teeth or mouth in the past year (Figure 2). Girls were more likely than boys to have a negative sense of their teeth or mouth (21% vs. 12%). Differences by students' age or race/ethnicity were not noticeable.

FIGURE 1. RI MIDDLE & HIGH SCHOOL STUDENTS WHOSE TEETH/MOUTH HAVE BEEN PAINFUL/SORE ONCE OR MORE DURING THE PAST 12 MONTHS, 2013



Data Source: Youth Risk Behavior Survey, 2013

FIGURE 2. RI MIDDLE & HIGH SCHOOL STUDENTS WHO WERE SOMETIMES, MOST OF THE TIME, OR ALWAYS SELF-CONSCIOUS OR EMBARRASSED BECAUSE OF THEIR TEETH/MOUTH DURING THE PAST 12 MONTHS, 2013

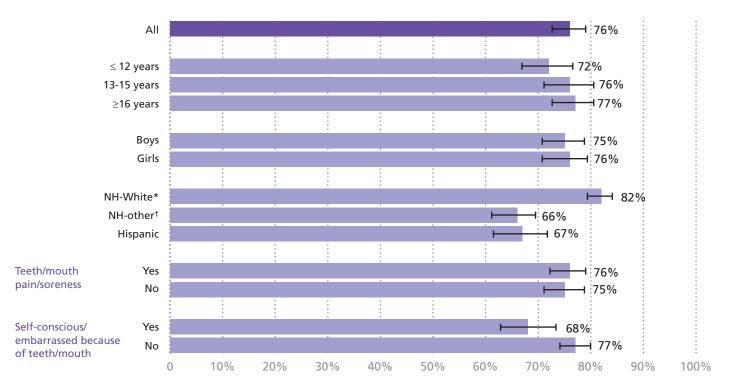


Data Source: Youth Risk Behavior Survey, 2013

Receipt of Dental Care among Rhode Island Middle and High School Students:

- Overall, about three in four Rhode Island middle and high school students (76%) reported having seen a dentist for preventive (check-up, exam, or teeth cleaning) or any dental care (Figure 3).
- The likelihood of seeing a dentist was greatly determined by a student's race and ethnicity. Hispanic and non-Hispanic minority (including Black and other) students were less likely to have seen a dentist in the past year than those who were non-Hispanic White (non-Hispanic White: 82%, non-Hispanic minority: 66%, and Hispanic: 67%).
- Students who reported lower self-confidence with their oral health may need dental care more than their peers. However, students who were self-conscious or embarrassed because of their teeth or mouth were statistically less likely to be seen by a dentist in the past year than those who did not report such concerns (68% vs. 77%).

FIGURE 3. RHODE ISLAND MIDDLE AND HIGH SCHOOL STUDENTS WHO SAW A DENTIST DURING THE PAST 12 MONTHS, 2013



Data Source: Youth Risk Behavior Survey, 2013

Conclusion:

Good oral health is critical to all adolescents' physical, emotional and social well-being. Poor oral health may
adversely affect school attendance, academic performance and self-esteem. Further assessment of students'
oral health problems, sources of regular dental care, and dental insurance status is recommended to reduce
barriers that hinder Rhode Island adolescents' receipt of optimal dental care.



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